



KENTUCKY STATE BOARD OF HAIRDRESSERS AND COSMETOLOGISTS

Steven L. Beshear
Governor

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Charles K. Lykins
Administrator

Apprentice Cosmetologist Extension Request

Name - _____

License Number - _____ Contact Number - _____

Months of Completed Apprenticeship - _____ Dates - ____/____/____ to ____/____/____

Reason for Extension - _____

*****Please enclose a letter from a potential employer that is willing to let you finish your Apprenticeship at his/hers salon. This application will not be put before the Board without a potential employer letter. *****

Signature

Date